

PART B - FEE(S) TRANSMITTAL



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01/09/2004

WILDMAN, HARROLD, ALLEN & DIXON 225 WEST WACKER DRIVE CHICAGO, IL 60606

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(Depositor's name) (Signature) (Date)

APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/646,992 09/25/2000 Takeshi Ikegami **IJK/117** 2587

TITLE OF INVENTION: SHADOW MASK FOR CRT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330	\$0	\$1330	04/09/2004	
EXAN	MINER	ART UNIT	CLASS-SUBCLASS	7		
COLON, GERMAN		2879	313-402000	_		

1. Change of correspondence address or indication of "Fee Address" (37) CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Timothy J. Keefer 35,5567

3 Seyfarth Shaw LLP

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

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(Authorized Signature) Douglas S. Rupert (Date)

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03/24/2004 MBERHE1 00000098 09646992

01 FC:1501 02 FC:8001

1330.00 OP 30.00 OP

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2879

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Complete if Known FEE TRANSMITTAL 09/646,992 **Application Number** for FY 2004 09/25/2000 Filing Date **IKEGAMI** First Named Inventor Effective 10/01/2003. Patent fees are subject to annual revision. G. Colon **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27

Art Unit

(\$) 1360.00

TOTAL AMOUNT OF PAYMENT (\$) 1360.00		Attorr	ney Do	cket N	lo. TJK/117		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
✓ Check Credit card Money Other None	3. ADDITIONAL FEES						
Deposit Account:	<u>Large</u>	Large Entity Small Entity					
Deposit Account.	Fee		_ `	Fee	Fee Description		
Account 19-1351	Code 1051	(\$) 130	Code 2051	(\$) 65	Surcharge - late filing fee or oath	Fee Paid	
Number Deposit Conforth Channel D	1052	50	2052		Surcharge - late provisional filing fee or		
Account Seyfarth Shaw LLP	1002	50	2002		cover sheet		
The Director is authorized to: (check all that apply)	1053		1053		Non-English specification		
Charge fee(s) indicated below Credit any overpayments		2,520			For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after		
to the above-identified deposit account.					Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252		·		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1253	950	2253		Extension for reply within third month		
Code (\$) Code (\$)		1,480	2254	740			
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2453	665	Petition to revive - unintentional	1222	
Fee from	1501	1,330	2501		-	1330.00	
Total Claims below Fee Paid Independent - 3** = X = X		480	2502		Design issue fee		
		640	2503		Plant issue fee		
Claims — — — — — — — — — — — — — — — — — — —	1460	130	1460	130	Petitions to the Commissioner		
	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity Fee Fee	1806	180	1806		Submission of Information Disclosure Stmt		
Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809		Filing a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1010	770	2040	205	(37 CFR 1.129(a))		
1204 86 2204 43 ** Reissue independent claims	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
over original patent	1801	770	2801	385	Request for Continued Examination (RCE)]	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$)	Other	Other fee (specify)30.00					
**or number previously paid, if greater; For Reissues, see above	*Redu	ced by	Basic F	iling Fe	ee Paid SUBTOTAL (3) (\$) 1360.0	00	
SUBMITTED BY (Complete (if applicable))							

Registration No. Douglas S. Rupert Name (Print/Type) Telephone 312-346-8000 44,434 (Attorney/Agent) 1/2/04 Signature Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Takeshi IKEGAMI			
			SHADOW MASK FOR CRT
Application No. 09/646,9	992)	
Application Filing Date: S	September 25, 2000)	

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Mail Stop: Issue Fee

Dear Sir:

Please find enclosed the following in the above-captioned patent application:

- 1. Part B Fee(s) Transmittal in duplicate; and
- 2. A check in the amount of \$1360.00 in payment of the issue fee, publication fee and soft copy fee.

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Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Respectfully Submitted,

Date: 3/18/04

Douglas S. Rupert, Reg. No. 44,434

SEYFARTH SHAW LLP 55 East Monroe Street Suite 4200 Chicago, Illinois 60603-5803 Telephone: (312) 346-8000

Facsimile: (312) 269-8869

CERTIFICATE OF MAILING

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CHI 10677818.1